

## **PUBLIC GOODS POOL INSTRUCTIONS FOR COMPLETING COVERED LIVES SUPPLEMENTAL REPORT**

The recent enactment of Public Health Law Section 2807-s (6)(a)(xiii) requires that a separate additional Professional Education Pool (PEP) assessment be reported and paid in six monthly installments from October 2008 through March 2009 by the 10<sup>th</sup> of each affected month. The first report is due October 10, 2008. Additionally, a report for April 2009 is required to be submitted by April 10, 2009, to allow for reconciliation of the March 2009 enrollment data. This assessment is required to be submitted on a separate report entitled the “Covered Lives Supplemental Report” (Supplemental).

### **GENERAL INFORMATION**

- This report is required to be filed electronically on a monthly basis through the **hcrapools.org** web site. Please note, you will continue to file your standard Public Goods Pool report based on your 2008 and 2009 filing designation.
- The data submitted on the Public Goods Pool Report of Covered Lives Assessment (CLA) and the Supplemental report must be kept separate. Any reconciliation and/or adjustments to the Supplemental report must be done on the Supplemental report, not on the Public Goods Pool Report of CLA. Likewise, any adjustments to data on the Public Goods Pool Report of CLA must be done on the Public Goods Pool Report of CLA, not on the Supplemental report.
- The Supplemental report requires that you submit the enrollment count for the **preceding month** and subsequently reconcile this count on a month to month basis to reflect actual counts for each applicable month.
- The Supplemental report requires only one pool year to be submitted.
  - 2008 Pool Year: October 2008 through December 2008
  - 2009 Pool Year: January 2009 through April 2009

## REPORT OF COVERED LIVES ASSESSMENT

### **No Covered Lives Liability**

Check this box if the payor has a statutory obligation to pay the Professional Education Pool but had no New York State residents on their membership rolls for the **preceding** month and no adjustments to covered lives supplemental information previously reported. This box may not be used where a payor's share under an apportionment agreement is zero. Payors that apportion their covered lives obligations with another payor must report the covered lives subject to apportionment and their respective apportionment percentage on lines C through H.

### **No Statutory Covered Lives Obligation**

Check this box if the payor has no statutory obligation to the Professional Education Pool. Only those payors that are not specifically mentioned in PHL Section 2807-s (1-a)(b)<sup>1</sup> as having a professional education pool surcharge or covered lives obligation may check this box.

## INSTRUCTIONS FOR LINES A THROUGH VIII

**Covered Lives – Lines (A) and (B):** Not applicable for the April 2009 Supplemental report.

Enter the number of individual and family unit covered lives residing in New York State during the **preceding** month, for whom the payor provides coverage for inpatient hospital services, which were included on the payor's membership rolls for all or any part of the **preceding** month, by region.

### **Enrollment data required on submission:**

#### **Report submission**

October 2008 report  
November 2008 report  
December 2008  
January 2009  
February 2009  
March 2009  
April 2009

#### **Enrollment count on Lines (A) and (B) are based on:**

September 2008  
October 2008  
November 2008  
December 2008  
January 2009  
February 2009  
N/A

Line (A) # Individuals: Enter the number of individual covered lives.

Line (B) # Family Units: Enter the number of family unit covered lives.

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<sup>1</sup> Corporations organized and operating in accordance with Article 43 of the Insurance Law; organizations operating in accordance with the provisions of Article 44 of the Public Health Law; self-insured funds; and commercial insurers licensed to do business in New York State and authorized to write accident and health insurance and whose policy provides coverage on an expense incurred basis are required to pay the professional education pool surcharges or the covered lives assessment.

Payors not specifically mentioned above do not have a professional education pool surcharge or covered lives assessment obligation; therefore, such payors electing direct payment to the Department's pool administrator are not required to complete the Covered Lives Assessment Report.

**Apportionment of Covered Lives – Lines (C) through (H):** Not applicable for the April 2009 Supplemental report.

For payors that have reached an agreement to apportion the cost of their covered lives assessments with another inpatient payor providing unduplicated coverage for a single contract holder, data would be entered in this section of the form. All apportioning entities must be electing payors and the resultant apportionment between such electing payors must add up to 100% of the covered lives being apportioned. The payor must identify the number of covered lives, from within the total number of covered lives reported in Section I on Lines (A) and (B), which are the subject of apportionment.

Line (C) # Individuals Subject to Apportionment: Enter the total number of individual covered lives subject to apportionment.

Line (F) # Family Units Subject to Apportionment: Enter the total number of family unit covered lives subject to apportionment.

The apportionment percentage is the percentage of assessment cost which the reporting entity will be paying in the HCRA period. Where a payor has multiple apportionment agreements, the apportionment percentage entered on Lines (D) and (G) should reflect a composite percentage weighted to reflect the relative number of covered lives in each agreement. The apportionment percentages reported must reflect the agreements submitted as part of the payor's election application.

Line (D) Apportionment Percentage: Enter the apportionment percentages for individual covered lives.

Line (G) Apportionment Percentage: Enter the apportionment percentages for family unit covered lives.

Line (E) Apportioned # of Individual Covered Lives:  $\text{Line (C)} \times \text{Line (D)}$ .

Line (H) Apportioned # of Family Unit Covered Lives:  $\text{Line (F)} \times \text{Line (G)}$ .

**Net Covered Lives – Lines (I) and (J):** Net covered lives after apportionment and before prior period reconciliation/adjustments are derived by the following calculation: total number of covered lives for the previous month less covered lives subject to apportionment plus apportioned covered lives.

Line (I) Net # Individuals:  $(\text{Line A} - \text{Line C}) + \text{Line E}$ .

Line (J) Net # Family Units:  $(\text{Line B} - \text{Line F}) + \text{Line H}$ .

**Prior Period Reconciliation/Adjustment – Lines (K) and (L):** Not applicable for the October 2008 Supplemental report.

This section allows for reconciliation and/or adjustments to Supplemental report data only. This section is not to be used to report adjustments to the Public Goods Pool Report of CLA. (See page 1).

## **Prior Period Reconciliation/Adjustment – Lines (K) and (L): (con't)**

### **Purposes:**

1. Reconcile supplemental enrollment counts from the preceding month.

Reconcile the preceding month by entering the net number of individual and family unit covered lives under/over reported in the previous month's Supplemental submission. (See example on page 6).

2. Report adjustments to the supplemental enrollment counts.

Enter the net number of individual and family unit covered lives under/over reported for prior supplemental periods (Prior Period Adjustments) by region on Lines (K) and (L), respectively. The net number of covered lives under/over reported for prior periods must reflect any apportionments if the lives being adjusted were previously subject to apportionment. For example, if 10 covered lives were being retroactively deleted for a month and pursuant to an apportionment agreement, this payor shared costs at a 50 percent level, only 5 lives would be shown on this section of the report. Prior period adjustments include retroactive additions and deletions to membership.

### **Total Covered Lives – Lines (M) and (N):**

For the October 2008 submission: The amounts from Lines (I) and (J) will be carried forward to Lines (M) and (N) respectively.

For the November 2008 – March 2009 submissions: The amount on Line (M) equals the regional amounts reported on Line (I) plus/minus the amounts reported on Line (K). The amount on Line (N) equals the regional amounts reported on Line (J) plus/minus the respective amounts reported on Line (L).

For the April 2009 submission: The amounts on Line (M) equals the regional amounts reported on Line (K). The amount on Line (N) equals the regional amounts reported on Line (L).

**Annual Assessment Rate – Lines (O) and (P):** The regional covered lives annual assessment rates for individual and family unit covered lives are provided in Line (O) and Line (P), respectively.

### **Annual Assessment – Lines (Q) through (T):**

Line (Q) Individual Unit: Line (M) multiplied by Line (O).

Line (R) Family Units: Line (N) multiplied by Line (P).

Line (S) Totals: Line (Q) plus Line (R).

Line (T) Monthly Payment Liability: Line (S) divided by 12.

**Total Covered Lives Liability for the Month – Line VIII:** The total covered lives liability for the month is the sum of the regional amounts from Line (T).

## **OVERPAYMENT**

As previously stated on page 1 of these instructions, the data from the Supplemental report must be kept separate from the regular Public Goods Pool report. However, if you have an overpayment on Line VIII of the Supplemental report, you may use it to reduce or eliminate your payment for liabilities due as calculated on a future monthly/annual Public Goods Pool report(s). To accomplish this, you must submit the following information to the Office of Pool Administration (see addresses below):

- A hardcopy of the electronic Public Goods Pool report(s) in which you are requesting your payment(s) to be reduced or eliminated.
- A hardcopy of the electronic Covered Lives Supplemental report(s) which shows the overpayment(s).
- If E-Signature was not utilized on the above electronic submissions, you must also submit the signed Certification page.

Additionally:

- If your unadjusted liability on the Public Goods Pool report exceeds the overpayment amount from the Supplemental report, payment for the balance due must be included with the required documentation above.
- If your unadjusted liability on the Public Goods Pool report is less than the overpayment from the Supplemental report, you will only be able to take a credit that equals the reported obligation. If this is the case, you may continue taking credits in future Public Goods Pool report submissions until the overpayment is fully recouped noting that each reduction taken must be accompanied with the required documentation above.

As a reminder, you are required to maintain documentation for all credits taken on such reports.

Please send information to:

### **Regular mail:**

Mr. Jerome Alaimo, Pool Administrator  
Office of Pool Administration  
Excellus BlueCross BlueShield, Central New York Region  
P.O. Box 4757  
Syracuse, NY 13221-4757

### **Express/Overnight Mail:**

Mr. Jerome Alaimo, Pool Administrator  
Office of Pool Administration  
Excellus BlueCross BlueShield, Central New York Region  
333 Butternut Drive  
Syracuse, NY 13214-1803

Should you have questions, please contact a HCRA representative at (518) 474-1673.

**Example:**

**October 2008 report submission:**

Line (A): # Individuals (based on September 2008):	100 New York City
Lines ( C ) through (H): No Apportionment	0
Line (I): Net Individual Covered Lives	100 New York City
Lines K and L: Prior Period Reconciliation/Adjustment	N/A
Line (M): Total # Individuals	<u>100</u> New York City
Line (Q): Line (M) * rate of \$22.60	\$2,260.00
Carried forward to Line (S)	\$2,260.00
Line (T): Line (S)/12= 2,260/12=	<u>\$189.00 due</u>

**November 2008 submission:**

Line (A): # Individuals (based on October 2008):	200 New York City
Lines ( C ) through (H): No Apportionment	0
Line (I): Net Individual Covered Lives	200 New York City
Lines K and L: Prior Period Reconciliation/Adjustment	100 *
Line (M): Total # Individuals	<u>300</u> New York City
Line (Q): Line (M) * rate of \$22.60	\$6,780.00
Carried forward to Line (S)	\$6,780.00
Line (T): Line (S)/12= 6,780/12=	<u>\$565.00 due</u>

\*Since 100 individual lives were originally reported on Line (A) of the October 2008 submission, and the actual October enrollment was 200 individual lives on Line (A) of the November 2008 submission, an additional 100 individual lives must be reported on Line (K).